

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
	1	1	1	1	1	1	51	51	51	51	51	51
2	1	1	1	1	1	52	52	52	52	52	52	
3	1	1	1	1	1	53	53	53	53	53	53	
4	1	1	1	1	1	54	54	54	54	54	54	
5	2	2	2	2	2	55	55	55	55	55	55	
6	2	2	2	2	2	56	56	56	56	56	56	
7	2	2	2	2	2	57	57	57	57	57	57	
8	2	2	2	2	2	58	58	58	58	58	58	
9	2	2	2	2	2	59	59	59	59	59	59	
10	2	2	2	2	2	60	60	60	60	60	60	
11	1	1	1	1	1	61	61	61	61	61	61	
12	1	1	1	1	1	62	62	62	62	62	62	
13	1	1	1	1	1	63	63	63	63	63	63	
14	1	1	1	1	1	64	64	64	64	64	64	
15	2	2	2	2	2	65	65	65	65	65	65	
16	2	2	2	2	2	66	66	66	66	66	66	
17	2	2	2	2	2	67	67	67	67	67	67	
18	2	2	2	2	2	68	68	68	68	68	68	
19	2	2	2	2	2	69	69	69	69	69	69	
20	2	2	2	2	2	70	70	70	70	70	70	
21						71	71	71	71	71	71	
22						72	72	72	72	72	72	
23						73	73	73	73	73	73	
24						74	74	74	74	74	74	
25		1	1	1	1	75	75	75	75	75	75	
26		1	1	1	1	76	76	76	76	76	76	
27						77	77	77	77	77	77	
28						78	78	78	78	78	78	
29						79	79	79	79	79	79	
30						80	80	80	80	80	80	
31						81	81	81	81	81	81	
32						82	82	82	82	82	82	
33						83	83	83	83	83	83	
34						84	84	84	84	84	84	
35						85	85	85	85	85	85	
36						86	86	86	86	86	86	
37						87	87	87	87	87	87	
38						88	88	88	88	88	88	
39						89	89	89	89	89	89	
40						90	90	90	90	90	90	
41						91	91	91	91	91	91	
42						92	92	92	92	92	92	
43						93	93	93	93	93	93	
44						94	94	94	94	94	94	
45						95	95	95	95	95	95	
46						96	96	96	96	96	96	
47						97	97	97	97	97	97	
48						98	98	98	98	98	98	
49						99	99	99	99	99	99	
50						100	100	100	100	100	100	
TOTAL IND.	2					TOTAL IND.						
TOTAL DEP.	20					TOTAL DEP.						
TOTAL CLAIMS	32					TOTAL CLAIMS						